

Incoming Speech

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President 2017-'18

Pennsylvania Medical Society

Presented October 14, 2017

House of Delegates

Hershey, Pa.

PAMED President's House of Delegates Speech
"In Front of the Future"
October 14, 2017

Good morning. I stand before you today honored and humbled, proud and privileged to become your 168th president of the Pennsylvania Medical Society. I am inspired by the legacy that Pennsylvania physicians have left us in the past, and if the quintessential legacy physician is defined as an influential leader, a compassionate healer, and an effective teacher...a physician with impeccable integrity, with not only factual but also social intelligence, and consummate communication skills...a physician who exudes kindness and empathy... a physician who carries himself with the utmost professionalism, and who quietly, consistently, and effortlessly garners respect from all...a physician we all aspire to be, and want every one of our students, residents and young physicians to emulate....then we have to look no further than to my immediate predecessor, Chuck Cutler, to find that quintessential legacy physician. Chuck, the Medical Society thanks you for your leadership and service, and I thank you for your mentorship and guidance this past year, and all the years I have known you ...and, yes, thanks for leaving me shoes that I, and many others after me, will essentially never be able to fill.

Legacies set the stage for us to continue on the never-ending journey to provide and improve health and medical care for all of our patients. That journey includes strengthening and expanding the roles of physicians to take the lead in delivering state-of-the-art medical care, promoting good health and healthy life styles, proposing new health care delivery models, and advocating for and supporting legislation that allows us to best perform our duties as physicians. I am here today to tell you, my friends and colleagues, that we have a lot of work to do.

Currently, I believe the most important health issue we face today is the Opioid Abuse Epidemic, the dominant public health issue of our time. There is not a person in this room tonight who does not know a family member, friend or colleague who has been adversely affected by it. Despite the progress that has been made in the past few years, we are faced with the reality of an ever-increasing landscape of opioid addiction and death. Decreasing both the number and amount of opioids that we all prescribe; discovering, promoting and using alternative modalities for treating pain; lobbying our legislators to secure the necessary sustained funding to combat this crisis - we need to be relentlessly front and center in addressing the Opioid Crisis.

The Pennsylvania Medical Society is engaged in many other issues of utmost importance to physicians and their patients. While championing team-based health care, we certainly need to remind those around us that the road to becoming a competent physician, and taking the best care of patients, requires long hours of study and years of experiential learning and training.

We need to continue pushing to do away with high stakes, expensive board recertifying examinations that claim to verify our continued competence to practice medicine, when no evidence exists to substantiate this.

We need to advance legislation that streamlines health insurance company authorization for patients to receive appropriate medical treatments and medications, and that streamlines credentialing for qualified physicians to begin evaluating and treating patients sooner.

We need to legally codify physician orders for life-sustaining treatment for appropriate patients at the end of their lives, helping to reduce one of the most significant causes of unsustainable health care costs.

All these things are important, and these have all been deemed our “legislative priorities,” but, colleagues, the future of medicine is just around the corner, and we need to be in front of the future.

It begins with a vastly different medical education of our young physician students and residents, which I know a little bit about these days. Medical schools like Jefferson are in the throes of curriculum and didactic changes like those never seen before. Flipped classrooms, case and problem-based learning, design thinking and creativity, innovative on-line, just-in-time, simulation and experiential learning, IBM Watson, virtual care and teleconferencing are just some of the sweeping concepts, changes and modalities that are occurring in our academic medical centers today - helping young students and physicians across new bridges connecting bioengineering and computational biology to new health care delivery models, where terms like epigenetics, intergenerational inheritance, and artificial intelligence are becoming staple concepts. These are exciting times in medical education, and we must show our students, residents and young physicians that we understand them and embrace the way they are now being taught to learn and practice medicine and see patients. It is a medical world very foreign to many of us in practice today.

In Washington these days, we have a new kind of leader, who makes us uncertain about our future - a future that more than ever, we need to define ourselves. To paraphrase another leader, during another time, “The torch is being passed to a new generation of physicians...” In fact, the millennial generation – including both patients and physicians - are upon us, ushering in the age of digital health. And make no mistake, they are game changers in a health care landscape that is changing exponentially before our eyes.

Born between 1980 and 2006, millennials represent 25 percent of the population and are already expecting a new kind of on-demand health care delivery model. Like they do with Amazon and Netflix, they are already expecting a top-notch consumer health care experience to be delivered to them, where and when they want it. They are reaching out only when they need health care; they expect instant gratification, and then they move on, only to come back to us, and the health care system, when they need us again. As our prices and the cost of health care becomes more transparent, they are becoming more cost conscious, switching doctors, using retail clinics and urgent care facilities and traveling further to save money. Gone is waiting days or weeks to schedule appointments to see us, or waiting hours in our offices, or paying for expensive parking in cities or suburbs. “In” are virtual visits on their computers or smartphones, monitoring their own medical records electronically, and using high level social media communication with the health care system, including us physicians. Let me be clear - this is not an anointment for Telemedicine, which some are calling the 21st century house call, as the be all, end all, in future health care delivery; rather telehealth is only one example of the many tools now being used for delivering the digitized health care that is not only upon us, but increasingly expected.

But with all due respect to technology advancement, empathetic, personalized care for patients can get lost in translation. The physicians of today and tomorrow, need to strike a balance between encouraging and providing health care convenience and promoting the doctor-patient relationship – for many of us, the reason why we wanted to become doctors in the first place. Of the practice of medicine, we are now hearing the unthinkable from physicians – “My dream has become my nightmare.” Or “Every day I experience a deep sense of depression and despair, telling me to walk away from the profession.” Examples of physician burnout are everywhere, starting with our physicians in training. Increasing rates of depression and suicide among our medical students, residents and young physicians can no longer be ignored. We need to pay attention to physician wellness activities. Only when we physicians are supported and feel fulfilled in our work, can we do our best in providing high-quality care for our patients. We represent the noblest of professions, and we must always sound the trumpet in saying that there will never be a replacement for looking into a patient’s eyes and soul, taking their hand, putting our hands on their shoulders, and feeling their pain and their heart. These things you cannot get by talking on a computer. Maintaining meaningful physician patient relationships will be our challenge, preserving perhaps the most essential part of our legacy as physicians.

One last thing. Gentleman, look to your left and look to your right. In 10 years, one or both of you will not be here. Why do I say that? Because right now, more than 50 percent of those students entering the field of medicine are women. Women are undoubtedly going to lead us into the future of medicine and health care delivery. They will lead us in a world much more diverse both within and outside our practices. Whatever the composition of this house, they will lead us in ways to practice medicine, including defining our priorities, which will be vastly different from what exists today and what we all are accustomed to. Trust me, this will be a good thing!

Yes, these are interesting and exciting times to say the least. When I accepted your nomination for this job 2 years ago, I promised to listen and learn, which I have tried to do. But to now lead, I realize there is so much more I need to learn from all of you. So this coming year, I will walk with you, and talk with you, and learn yet more from you.... Have a cup of coffee with me any time. I need all of you to help me lead. Together, we will address many of the issues that face physicians today....but I also ask all of you to please join me in passionately preparing for how we all will be practicing medicine tomorrow, and defining the future of health care delivery. Without a doubt, that future is now in front of all of us.

Thank you again for the opportunity and honor to serve you.